

SERFF Tracking Number: MUTM-127087912 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 48294
 Company Tracking Number: JAMIE LUCY
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: Medicare Supplement Advertising - UL5313
 Project Name/Number: Medicare Supplement Advertising/UL5313

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UL5313 SERFF Tr Num: MUTM-127087912 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 48294

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: JAMIE LUCY State Status: Filed-Closed

Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Jamie Lucy Disposition Date: 03/21/2011

Date Submitted: 03/21/2011 Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: UL5313

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/21/2011

State Status Changed: 03/21/2011

Created By: Jamie Lucy

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jamie Lucy

Filing Description:

Please see cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

Mutual of Omaha 402-351-2476 [Phone]

Mutual of Omaha Plaza 402-351-5298 [FAX]

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Omaha, NE 68175

Filing Company Information

| | | |
|--|-------------------------|------------------------------|
| United of Omaha Life Insurance Company | CoCode: 69868 | State of Domicile: Nebraska |
| Mutual of Omaha Plaza | Group Code: 261 | Company Type: Life Insurance |
| Omaha, NE 68175 | Group Name: | State ID Number: |
| (402) 351-6910 ext. [Phone] | FEIN Number: 47-0322111 | |

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|----------|----------------|---------------|
| United of Omaha Life Insurance Company | \$150.00 | 03/21/2011 | 45807694 |

SERFF Tracking Number: MUTM-127087912 State: Arkansas
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TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - UL5313
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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 03/21/2011 | 03/21/2011 |

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Disposition

Disposition Date: 03/21/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-127087912 State: Arkansas
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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|----------------------------|----------------------|---------------|
| Supporting Document | Memorandums of Variability | Filed-Closed | Yes |
| Supporting Document | cover letter | Filed-Closed | Yes |
| Form | Letter, Reply Card | Filed-Closed | Yes |
| Form | Carrier | Filed-Closed | Yes |

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Form Schedule

Lead Form Number: UL5313

| Schedule Item | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------------|---------------------|--------------------------------|---------|----------------------|-------------|---------------------|
| Filed-Closed 03/21/2011 | UL5313, UL5313-1 | Advertising Letter, Reply Card | Initial | | 0.000 | UL5313_Brackets.pdf |
| Filed-Closed 03/21/2011 | UE1522 | Advertising Carrier | Initial | | 0.000 | UE1522_brackets.pdf |



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

Find out why thousands of people just like you are choosing our Medicare supplement insurance.

[John Q. Sample
123 Main St
2nd Address Line
Tampa, FL 12345-6789]

[Dear John Sample,]

All across America, people like you are choosing United of Omaha Life Insurance Company for their Medicare supplement insurance.

And now it's your turn to see if there's a plan option for you — simply request a FREE information kit from United of Omaha. There is no obligation. Just read some of the samples below...



I wanted more than just Medicare.

And United of Omaha gives me the protection I need—plus savings on out-of-pocket expenses.



In today's economy, I wanted protection from a company that's been around.

United of Omaha has been in business since 1926 and providing Medicare supplement insurance for multiple years. I know they'll be here when I need them.



I wanted to keep the same doctor I've had for over 30 years.

I've been able to keep the same doctor and can even visit a specialist if I need to.

These are fictitious examples for illustrative purposes only. They do not represent actual people.

We offer a variety of Medicare supplement plans to meet your needs. We invite you to explore all of our plan options to help protect yourself against the health care expenses Medicare doesn't cover.

(more on reverse)



Our Medicare supplement may be the right choice for you, to find out start by requesting your FREE information kit today.

[Call toll-free **1-800-719-0625**]

Visit [**www.mymedsupp.com**]

Complete and mail the attached form in the postage-paid envelope provided.

UL5313

[John Q. Sample
123 Main St
2nd Address Line
Tampa, FL 12345-6789]

Learn more about Medicare supplement insurance from United of Omaha

YES! Please send me a FREE information kit. And tell me more about all the ways United of Omaha might be the right choice for me.

Please complete the information below and return this form in the postage-paid envelope provided.

Phone No.: (____) _____

E-mail: _____

Please make address corrections as needed.

UL5313-1

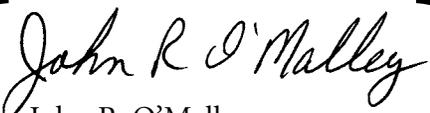
Please note that this mailing is used as a source of leads in the solicitation of insurance. An insurance agent may contact you by telephone.

With a Medicare supplement plan...

- You'll have the freedom to choose any doctor or hospital for your care. You can keep your current doctor, there are no referrals and no networks.
- You'll get supplemental coverage for many of the expenses that Medicare does not pay.
- In addition to saving money on medical care, you can choose from a variety of plans to fit your budget.

You'll learn more about your Medicare supplement options — including which plans may be right for you — when you request your FREE information kit. So don't wait, there's no obligation. And you may just discover the right Medicare supplement option for you.

Sincerely,


John R. O'Malley
Director, Marketing Services
and Licensed Agent

[PRESCREEN & OPT OUT NOTICE – This “prescreened” offer of insurance is based on information in your credit report indicating that you meet certain criteria. This offer is not guaranteed if you do not meet our criteria (including providing acceptable property as collateral.) If you do not want to receive prescreened offers of insurance from this and other companies, call TransUnion at 1-888-567-8688; visit the website at www.optoutprescreen.com (strongly encouraged, but not required); or write TransUnion Opt Out Request, P.O. Box 505, Woodlyn, PA 19094-0505.]

In NC, premiums are based on attained age rating, which means premiums increase as your age increases each year until you reach age 90.

Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. United of Omaha Life Insurance Company is licensed nationwide, except in NY and is solely responsible for its financial and contractual obligations. Policy forms: UM20, UM21, UM22, UM23, UM24 and UM30 or state equivalent. In ID: UM20-21698, UM23-21699, UM24-21700 and UM30-22551; in NC: UM20-21719NC, UM23-21720NC, UM24-21721NC and UM30-22567NC; in OK: UM20-21746, UM23-21747, UM24-21748 and UM30-22579; in OR: UM20R, UM23R, UM24R and UM30R; in TX: UM20-21760, UM23-21761, UM24-21762 and UM30-22587; in WI: UM25. Not all policy forms may be available in every state. These policies have exclusions and limitations. In some states, Medicare supplement policies are available to those eligible for Medicare due to a disability, regardless of age. In TX: If you receive Medicare benefits because of a disability, you may apply for a Medicare supplement Plan A; regardless of your age. IMPORTANT NOTICE — “A CONSUMER’S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE” MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM UNITED OF OMAHA LIFE INSURANCE COMPANY.

This is a solicitation of insurance and a licensed agent may contact you by telephone to provide additional information.

UE1522



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175

PRSRT STD
U.S. POSTAGE
PAID
MUTUAL OF OMAHA

[Many people have checked out our Medicare supplement insurance options. **Have you?**]



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Supporting Document Schedules

| | | Item Status: | Status Date: |
|--------------------------|----------------------------|---------------------|-------------------------|
| Satisfied - Item: | Memorandums of Variability | Filed-Closed | 03/21/2011 |
| Comments: | | | |
| Attachments: | | | |
| UL5313_ MOV.pdf | | | |
| UE1522 MOV.pdf | | | |
| | | | |
| Satisfied - Item: | cover letter | Filed-Closed | 03/21/2011 |
| Comments: | | | |
| Attachment: | | | |
| AR Letter App.pdf | | | |

VARIABLE MATERIAL FOR ADVERTISING FORM
Form Number: UL5313 and UL5313-1

The following information in the aforementioned advertisement is bracketed to denote variable fields.

UL5313

1) "Dear John Q. Sample" – opening of letter

One of the following options will be used:

- a) Good Morning
- b) Good Afternoon,
- c) Hello,
- d) Dear Friend,
- e) Good Morning "Pat Q. Sample", - (for personalization)
- f) Good Afternoon "Pat Q. Sample", - (for personalization) g) Dear "Pat Q. Sample", - (for personalization) h) Dear [3rd party name and client reference],

2) Picture of the Free Guide - Left side of letter

One of the following options will be used:

- a) A snapshot of the front cover of the free information kit we are asking the customer to request will be placed here.
- b) This area may also be left blank.

3) [www.mymedsupp.com]– Web address on bottom of first page

A current and approved Medicare Supplement web address will be used.

4) Signature and name block - Lower left section of page 2

This is variable to update the name of the licensed individual if there would be a change in the Director position.

5) [PRESCREEN & OPT OUT NOTICE... - Verbiage directly below signature name block

This variable will only be used for individuals on a TransUnion source. If they're not on the source, this will be left blank.

UL5313-1

6) "Please complete the information below...."-Right side of tear off card.

One of the following options will be used:

- a) Please complete the information below and return this form in the postage-paid envelope provided.

Your phone: (____) _____
Your e-mail: _____
Date of Birth _____

- b) Please complete the information below and return this form in the postage-paid envelope provided

Your phone*: (____) _____
Your e-mail*: _____
Date of Birth*: _____

* All phone numbers, e-mail addresses and date of births are kept confidential.

- c) Please complete the information below and return this form in the postage paid envelope. You must also check one box below.

I prefer to read the required outline of coverage on my own. Later if I choose to apply I'll fill out my application through the mail. I understand my present eligibility may be time sensitive.

I'd prefer a FREE telephone consultation from a licensed agent.

Your phone: (____) _____

Your e-mail: _____

Date of Birth: _____

I'd like printed information AND a licensed agent to contact me by phone.

Your phone: (____) _____

Your e-mail: _____

Date of Birth: _____

d) I'd prefer to speak directly to a licensed agent of United of Omaha.

Your phone: (____) _____

Your e-mail: _____

Date of Birth: _____

I understand that my present eligibility may be time sensitive.

e) I'd prefer to speak directly to a licensed agent of United of Omaha.

Your phone*: (____) _____

Your e-mail*: _____

Date of Birth*: _____

* All phone numbers and e-mail address are kept confidential.

I understand that my present eligibility may be time sensitive.

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UE1522

The following information in the aforementioned advertisement is bracketed to denote variable fields.

1) "Many people have checked out our Medicare supplement insurance options. Have you?"

One of the following variables will be used in this field:

2. Look inside to find out more about your Medicare supplement insurance options.
3. Are you as prepared as you could be for Medicare supplement insurance?
4. Have you selected your Medicare supplement insurance?

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



March 21, 2011

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC: 261-69868
FEIN: 47-0322111
United of Omaha Life Insurance Company
Direct Response Mail Advertising
Medicare Supplement Advertising
UL5313
UL5313-1 (Reply Card)
UL1522

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Corporate Compliance and Ethics Division

For Questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

jl